## Case 25-41710 Doc 1 Filed 05/27/25 Entered 05/27/25 15:49:31 Desc Main Document Page 1 of 71

Fill in this information to identify you	ır case:
United States Bankruptcy Court for	the:
District of Minnes	ota
Case number (If known):	Chapter you are filing under:  Chapter 7 Chapter 11 Chapter 12 Chapter 13

### Official Form 101

### Voluntary Petition for Individuals Filing for Bankruptcy

06/24

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint* case—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name	Kabreeya	
	Write the name that is on your	First name	First name
	government-issued picture identification (for example, your	Rashay	
	driver's license or passport).	Middle name	Middle name
		Abron	<u> </u>
	Bring your picture identification to your meeting with the trustee.	Last name	Last name
		Suffix (Sr., Jr, II, III)	Suffix (Sr., Jr, II, III)
2.	All other names you have		
	used in the last 8 years	First name	First name
	Include your married or maiden names and any assumed, trade names and doing business as names.	Middle name	Middle name
	names.	Last name	Last name
	Do NOT list the name of any	(dba) Rayne Enterprise LLC	
	separate legal entity such as a corporation, partnership, or LLC that is not filing this petition.	Business name (if applicable)	Business name (if applicable)
		Business name (if applicable)	Business name (if applicable)
3.	Only the last 4 digits of your Social Security number or	xxx - xx - <u>2</u> <u>4</u> <u>7</u> <u>5</u>	xxx - xx
	federal Individual Taxpayer	OR	OR
	Identification number (ITIN)	9xx - xx	9xx - xx

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Deb	otor 1 K	Cabreeya	Rashay Abron			Case number (if known)			
	F	irst Name	Middle Name	Last Name			,		
			About Debtor 1			About Debtor 2 (Spou	use Only in a Joint Case):		
4.	Your Employe	r Identification							
	Number (EIN),		EIN		_	 EIN			
					_				
5.	Where you live	)				If Debtor 2 lives at a c	different address:		
			1220 Brook A	ve Se Unit 303					
			Number St	reet		Number Street			
			Minneapolis,	MN 55414-7544					
			City		ZIP Code	City	State ZIP Code		
			Hennepin						
			County			County			
				address is different from the te that the court will send a ang address.			address is different from yours, fill e court will send any notices to you s.		
			Number St	reet		Number Street			
			P.O. Box			P.O. Box			
			City	State	ZIP Code	City	State ZIP Code		
6.	Why you are c		Check one:			Check one:			
	district to file f	or bankruptcy	Over the las have lived in district.	at 180 days before filing this a this district longer than in	petition, I any other	Over the last 180 have lived in this district.	days before filing this petition, I district longer than in any other		
			I have anoth (See 28 U.S	ner reason. Explain. S.C. § 1408)		I have another rea (See 28 U.S.C. §			

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Abron

Case number (if known) Middle Name First Name Last Name Tell the Court About Your Bankruptcy Case Part 2: Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for The chapter of the Bankruptcy Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. Code you are choosing to file under V Chapter 7 Chapter 11 Chapter 12 Chapter 13 I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more How you will pay the fee details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. **✓**No Have you filed for bankruptcy within the last 8 years? Yes. District \_\_\_\_\_ When \_\_\_\_ Case number \_\_\_\_\_ When \_\_\_\_ Case number \_\_\_\_ MM / DD / YYYY District \_\_\_\_\_ When \_\_\_\_ Case number \_\_\_\_ MM / DD / YYYY **✓**No. 10. Are any bankruptcy cases pending or being filed by a Yes. Debtor \_\_\_\_\_\_ Relationship to you \_\_\_\_\_ spouse who is not filing this case with you, or by a Case number, if known \_\_\_\_\_ business partner, or by an affiliate? MM / DD / YYYY Relationship to you \_ When Case number, if known MM / DD / YYYY ☐ No. Go to line 12. 11. Do you rent your residence? Yes. Has your landlord obtained an eviction judgment against you? No. Go to line 12. Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it as part of this bankruptcy petition.

Debtor 1

Kabreeya

Rashav

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Debtor 1 Kabreeya		Rashay Abron			Case number (if known)			
	First Name	Middle Name	Last Name					
Par	t 3: Report About Any Busin	nesses You C	Own as a Sole Proprietor					
12.	Are you a sole proprietor of	✓ No. Go to	o Part 4.					
	any full- or part-time business?	☐ Yes. Nam	ne and location of business					
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a	Name of b	usiness, if any					
	corporation, partnership, or LLC.	Number	Street					
	If you have more than one sole proprietorship, use a separate sheet and attach it to this							
	petition.	City		State	ZIP Code			
		Check th	e appropriate box to describe you	ır business:				
		☐ Heal	th Care Business (as defined in 1	1 U.S.C. § 101(27A)	))			
		☐ Sing	le Asset Real Estate (as defined i	n 11 U.S.C. § 101(5	1B))			
		☐ Stoc	kbroker (as defined in 11 U.S.C. §	§ 101(53A))				
		☐ Com	modity Broker (as defined in 11 L	.S.C. § 101(6))				
		☐ None	e of the above					
13.	Are you filing under Chapter 11 of the Bankruptcy Code, and are you a small business debtor?	appropriate of sheet, statem	leadlines. If you indicate that you	are a small business ement, and federal ir	u are a small business debtor so that it can set s debtor, you must attach your most recent balance ncome tax return or if any of these documents do not			
	For a definition of small business	☑ No. I	am not filing under Chapter 11.					
	debtor, see 11 U.S.C. § 101(51D).		am filing under Chapter 11, but I Bankruptcy Code.	am NOT a small bu	siness debtor according to the definition in the			
			am filing under Chapter 11, I am Bankruptcy Code, and I do not ch		ebtor according to the definition in the der Subchapter V of Chapter 11.			
			am filing under Chapter 11, I am Bankruptcy Code, and I choose to		ebtor according to the definition in the ochapter V of Chapter 11.			

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Deb	tor 1	Kabreeya	Rashay	Abron			Case number (if	known)		
		First Name	Middle Name	Last Name			•	,		
Par	t 4: Repor	t if You Own or Ha	ave Any Haz	zardous Property or	Any Prope	rty That Needs	Immediate A	ttention	า	
14.	Do you ow	n or have any	☑ No.							
	property that poses or is alleged to pose a threat of	☐ Yes. W	Vhat is the hazard?						_	
imminent		t and identifiable o public health or								-
		do you own any at needs immediate								-
	attention?		If	immediate attention is r	needed, why	is it needed?				
	perishable g	e, do you own loods, or livestock								-
		e fed, or a building urgent repairs?								<b>-</b>
			W	Where is the property?						_
					Number	Street				-
										-
					City			State	ZIP Code	-

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Debtor 1	Kabreeya	Rashay	Abron	Case number (if known)
	First Name	Middle Name	Last Name	

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

#### 15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### About Debtor 1:

You must check one:

☑ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me

to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

l	I am not required to receive a briefing about credit
	counseling because of:

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

My physical disability causes me Disability. to be unable to participate in a briefing in person, by phone, or

through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. Case 25-41710 Doc 1 Filed 05/27/25 Entered 05/27/25 15:49:31 Desc Main Document Page 7 of 71

Debtor 1 Kabreeya		Rashay Abron		Case number (if known)				
		First Name	Middle N	Name Last Name				
Par	t 6: Answer	These Question	ns for R	eporting Purposes				
16.	What kind of have?	f debts do you	16a.			ner debts? Consumer debts are for a personal, family, or house		
			16b.			ss debts? Business debts are de rough the operation of the busin		
			16c.	State the type of debts you ov	we th	nat are not consumer debts or bu	usiness d	ebts.
17.	-	g under Chapter 7	· <b>1</b>	No. I am not filing under Charte	•		wamat ne	construin avaluded and
	exempt prop and administ paid that fun	nate that after any erty is excluded trative expenses and will be available on to unsecured	re			Do you estimate that after any e paid that funds will be available		
18.	How many c estimate that	reditors do you t you owe?		1-49 50-99 100-199 200-999 1,000-5,000 5,001-10,00 10,001-25,0	0	25,001-50,000 50,0	000-100,0	000
19.	How much d	o you estimate you worth?	ur <b>1</b>	\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million		\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million		\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion
	liabilities to		ur <b>2</b> 1	\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million		\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million		\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion
Par	t 7: Sign Be	elow						
For	r you	If I have States ( If no att have ob I reques	e chosen Code. I un orney reportained and st relief in stand ma	to file under Chapter 7, I am an inderstand the relief available upresents me and I did not pay on accordance with the chapter oking a false statement, concea	ware inder or ag 11 U of title	each chapter, and I choose to pree to pay someone who is not a .S.C. § 342(b). e 11, United States Code, speciforoperty, or obtaining money or property.	inder Cha proceed u an attornotied in this property	apter 7, 11,12, or 13 of title 11, United under Chapter 7. ey to help me fill out this document, I spetition. by fraud in connection with a
		and 35	71.	eeya Rashay Abron	UUU,	or imprisoriment for up to 20 ye.	ais, Of DC	oth. 18 U.S.C. §§ 152, 1341, 1519,
		• •		Rashay Abron, Debtor 1				
		E	xecuted	on <u>05/27/2025</u>				
				MM/ DD/ YYYY				

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Debtor 1 Kabreeya		Rashay Abron		Case number (if known)
	First Name	Middle Name	Last Name	
For your attorney, if you are represented by one  If you are not represented by an attorney, you do not need to file this page.		proceed under each chapter for 11 U.S.C. § 34	Chapter 7, 11, 12, or 13 of or which the person is eligible 2(b) and, in a case in which	his petition, declare that I have informed the debtor(s) about eligibility to title 11, United States Code, and have explained the relief available under ble. I also certify that I have delivered to the debtor(s) the notice required by a \$ 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry with the petition is incorrect.
		X s/Andre	ew Walker	Date <b>05/27/2025</b>
		•	of Attorney for Debtor	MM/ DD/ YYYY
		Firm name	<sup>me</sup> & Walker Law Offices, l	PLLC
		Minneap	oolis	MN 55409
		City	Jolis	State ZIP Code
		Contact ph	none <u>(612) 824-4357</u>	Email address andrew@bankruptcytruth.com
		0392525	<b>,</b>	MN
		Bar numbe		State

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Fill in this inform	nation to identify ye	our case and this filing	g:	
Debtor 1	Kabreeya	Rashay	Abron	
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States Ba	inkruptcy Court for th	he: District of Minn	esota	
Case number				 Check if this amended filir

### Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part	1: Describe Each Residence	ce, Building, Land, or Other Real Estate	You Own or Have ar	n Interest In						
1. <b>D</b> e	Do you own or have any legal or equitable interest in any residence, building, land, or similar property?									
V	☑ No. Go to Part 2.									
	Yes. Where is the property?									
1.	I.1Street address, if available, or other	What is the property? Check all that apply.  Single-family home Duplex or multi-unit building	Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.							
	description	Condominium or cooperative Manufactured or mobile home Land	Current value of the entire property?	Current value of the portion you own?						
	City State ZIP Code	☐ Investment property  ☐ Timeshare ☐ Other ☐ Who has an interest in the property? Check one.	Describe the nature of your ownership inter- (such as fee simple, tenancy by the entiretie a life estate), if known.							
	County	<ul> <li>□ Debtor 1 only</li> <li>□ Debtor 2 only</li> <li>□ Debtor 1 and Debtor 2 only</li> <li>□ At least one of the debtors and another</li> </ul>	☐ Check if this is community property (see instructions)							
		Other information you wish to add about this ite property identification number:	m, such as local							
		own for all of your entries from Part 1, including any number here		\$0.00						
Part	2: Describe Your Vehicles									
•	, ,	nterest in any vehicles, whether they are registered vehicle, also report it on Schedule G: Executory Contra		es						
3.	Cars, vans, trucks, tractors, sport utili	ty vehicles, motorcycles								
	☐ No									
	<b>√</b> Yes									

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Debtor Abron, Kabreeya Rashay Case number (if known)

	3.1	Make:	Chrysler	Who has an interest in the property? Check one.	Do not deduct secured cl	
		Model:	200	☑ Debtor 1 only ☐ Debtor 2 only	the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.	
			2013	Debtor 1 and Debtor 2 only	Current value of the	Current value of the
		Year:		At least one of the debtors and another	entire property?	portion you own?
		Approximate mileage:	170000	Check if this is community property (see instructions)	\$3,690.00	\$3,690.00
		Other information:				
		Source of Value: P	КВВ			
		Series: LIMITED VIN: 1C3CCBCG2	DN501719			
4.	Wate	ercraft, aircraft, motor h	omes, ATVs a	nd other recreational vehicles, other vehicles, and	accessories	
		•	tors, personal	watercraft, fishing vessels, snowmobiles, motorcycle ac	ccessories	
	<b>√</b>					
	□ Y	⁄es				
	4.1	Make:		Who has an interest in the property? Check one.	Do not deduct secured cl	aims or exemptions. Put
		Model:		Debtor 1 only	the amount of any secure	ed claims on Schedule D:
				<ul><li>Debtor 2 only</li><li>Debtor 1 and Debtor 2 only</li></ul>	Creditors Who Have Clair	
		Year:		At least one of the debtors and another	Current value of the entire property?	Current value of the portion you own?
		Other information:		☐ Check if this is community property (see		
				instructions)		
5.				wn for all of your entries from Part 2, including any		\$3,690.00
	you	nave attached for Part	z. write that h	umber here		
Pa	art 3:	Describe Your	Personal a	and Household Items		
				rest in any of the following items?		Current value of the
DO 3	ou ow	m or nave any legal or t	equitable inter	est in any of the following items?		portion you own?
						Do not deduct secured claims or exemptions.
6.	Hous	sehold goods and furni	shings			
	Exar	mples: Major appliances	, furniture, line	ns, china, kitchenware		
		No				
	<b>√</b> Y	es. Describe	Typical hous	sehold goods and furnishing, with no one iten	n over \$650.	\$3,000.00
		L				
7.	Elec	tronics				
	Exar	•		deo, stereo, and digital equipment; computers, printers icluding cell phones, cameras, media players, games	s, scanners; music	
		No				
	<b>₫</b> Y	es. Describe	TV - 350			
			Cell phone -			\$700.00
			Computer - 1	100		

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Debtor Abron, Kabreeya Rashay

Case number (if known)

8.	Collectibles of value	
	Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles	
	<b>☑</b> No	
	☐ Yes. Describe	
9.	Equipment for sports and hobbies	
	Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments	
	<b>⊴</b> No	
	☐ Yes. Describe	
10.	Firearms	
	Examples: Pistols, rifles, shotguns, ammunition, and related equipment	
	<b>⊴</b> No	
	☐ Yes. Describe	
11.	Clothes	
	Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories	
	□ No	
	✓ Yes. Describe Normal wearing apparel	\$800.00
12.	Jewelry	
	Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver	
	☑ No	
	☐ Yes. Describe	
13.	Non-farm animals	
	Examples: Dogs, cats, birds, horses	
	☑ No	
	☐ Yes. Describe	
14.	Any other personal and household items you did not already list, including any health aids you did not list	
	<b>☑</b> No	
	☐ Yes. Give specific	
	information	
15.	Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here	\$4,500.00
Б-	ort Are Deceribe Vous Financial Assets	
ra	art 4: Describe Your Financial Assets	

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Debtor Abron, Kabreeya Rashay

Case number (if known)

Do y	Do you own or have any legal or equitable interest in any of the following?  p  C  c				
16.	Cash	have been seen all the second to be			
		nave in your wallet, in your nor	e, in a safe deposit box, and on hand when you file your petition	1	
	☐ No ☑ Yes		Cash:	\$60.00	
17.	Deposits of money				
	Examples: Checking, s and other s	uses,			
	☐ No				
	<b>√</b> Yes		Institution name:		
		17.1. Checking account:	Cashapp	\$0.00	
		17.2. Checking account:	Navy Federal CU	\$0.75	
		17.3. Checking account:	Paypal	\$0.00	
		17.4. Checking account:	Venmo	\$0.00	
		17.5. Savings account:	Navy Federal CU	\$0.00	
18.	Bonds, mutual funds,	or publicly traded stocks			
	Examples: Bond funds				
	<b>√</b> No				
	☐ Yes	Institution or issuer name:			
				<del></del>	

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Debtor Abron, Kabreeya Rashay Case number (if known)

19.	Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture					
	☐ No					
	Yes. Give specific					
	information about them	Name of entity:	% of ownership:			

Official Form 106A/B Schedule A/B: Property page 5

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Debtor Abron, Kabreeya Rashay

Case number (if known)

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Debtor Abron, Kabreeya Rashay

Case number (if known)

100% Debtor's Interest in Rayne Enterprise LLC
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Business Type: Indep Drach Man Stylis Page 16 of 71
Business Structure: Sole Member LLC
Estimated Total Business Value: \$840.00

Tools & Equipment – Estimated Total Value: \$590.00 Includes:

Business Assets - Tools & Equipment (~\$590)

Used salon chair - \$60

Professional shears - \$100

Thinning/texturizing shears - \$50

Blow dryer - \$60

Flat iron - \$50

Curling iron - \$40

Cutting combs - \$10

Round brushes (2) - \$20

Sectioning clips - \$10

Spray bottles (2) – \$10

Cape & disposable neck strips - \$20

Disinfectant jar (Barbicide) – \$15

\$840.00

Barbicide disinfectant - \$10

Mannequin head with tripod stand - \$75

Rolling tool case - \$50

Starter Inventory – Estimated Total Value: \$250.00 Includes:

Shampoo & conditioner (liter size) – \$30

Styling products (4-5 items) - \$60

Hair color (5-6 basic shades) - \$60

Developer (10/20/30 volume) - \$20

Gloves (box of 100) - \$10

Tint bowls & brushes (2 each) - \$10

Foils (pre-cut pack) - \$10

Extra sectioning clips for color - \$10

Hair treatment masks (2 tubs) - \$20

Sample or mini retail products - \$20

Accounts Receivable: \$0.00 Business Liabilities: \$0.00

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Debtor Abron, Kabreeya Rashay

Case number (if kn	own)
--------------------	------

20.	·				
	Negotiable instruments Non-negotiable instrum				
	<b>√</b> No				
	Yes. Give specific				
	information about them	Issuer name:			
21.	Retirement or pension	accounts			
	· ·		11(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans		
	<b>☑</b> No				
	Yes. List each account separately.	Type of account:	Institution name:		
		401(k) or similar plan:			
		Pension plan:			
		IRA:			
		Retirement account:			
		Keogh:			
		Additional account:			
		Additional account:			
00	Oit dit				
22.	Security deposits and		do ao that you may continue convice or use from a company		
			de so that you may continue service or use from a company d rent, public utilities (electric, gas, water), telecommunications companies, or		
	others				
	<b>√</b> No				
	☐ Yes	Ir	nstitution name or individual:		
		Electric:			
		Gas:			
		Heating oil:			
		Security deposit on rea	ntal unit:		
		Prepaid rent:			
		Telephone:			
		Water:			
		Rented furniture:			
		Other:			

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Debtor Abron, Kabreeya Rashay

Case number (if known)

23.	Annuities (A contract for a periodic paym	nent of money to you, either for life or for a number of year	rs)	
	<b>☑</b> No			
	Yes Issuer name and	description:		
	<del></del>			
24.	Interests in an education IRA, in an ac	count in a qualified ABLE program, or under a qualifie	ed state tuition program.	
	26 U.S.C. §§ 530(b)(1), 529A(b), and 529			
	<b>☑</b> No			
		and description. Separately file the records of any interest	ts.11 U.S.C. § 521(c):	
			3 2 3 (1)	
	<del></del>			
25.	Trusts, equitable or future interests in for your benefit	property (other than anything listed in line 1), and rigl	nts or powers exercisable	
	<b>☑</b> No			
	☐ Yes. Give specific			
	information about them			
26.		secrets, and other intellectual property		
		sites, proceeds from royalties and licensing agreements		
	<b>☑</b> No			
	Yes. Give specific information about them			
	mormation about them			
07	Linear formation and all an array	al intermible		
27.	Licenses, franchises, and other genera		professional liagnage	
		censes, cooperative association holdings, liquor licenses,	professional licenses	
	☑ No			
	Yes. Give specific information about them			
Mone	ey or property owed to you?			Current value of the
				portion you own?  Do not deduct secured
				claims or exemptions.
28.	Tax refunds owed to you			
	☐ No			
	✓ Yes. Give specific information about	Burney Loos Faller Land	٦	
	them, including whether you	Prorated 2025 Federal and MN state tax refunds	Federal:	\$3,655.00
	already filed the returns and the tax years	Totalias	State:	
			Local:	
			— Lucai.	

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Debtor Abron, Kabreeya Rashay

Case	number	(if known)	•

29.	Family support			
	ramples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement			
	☑ No			
	☐ Yes. Give specific information	Alimony:		
		Maintenance:		
		Support:		
		Divorce settlement:		
		Property settlement:		
30.	Other amounts someone owes you			
00.	Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vaca	ation pay, workers' compensation,		
	Social Security benefits; unpaid loans you made to someone else			
	✓ No  ☐ Yes. Give specific information	1		
	Too. Sive specific minimaters			
31.	Interests in insurance policies			
	Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeory	wner's, or renter's insurance		
	<b>☑</b> No			
	Yes. Name the insurance company of each policy and list its value Company name: Bene	eficiary:	Surrender or refund value:	
32.	Any interest in property that is due you from someone who has died			
	If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are property because someone has died.	e currently entitled to receive		
	☑ No			
	Yes. Give specific information			
33.	Claims against third parties, whether or not you have filed a lawsuit or made a demar Examples: Accidents, employment disputes, insurance claims, or rights to sue	nd for payment		
	<b>☑</b> No			
	Yes. Describe each claim	1		
34.	Other contingent and unliquidated claims of every nature, including counterclaims of claims	f the debtor and rights to set off		
	<b>₫</b> No			
	Yes. Describe each claim			
			<del></del> _	

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Debtor Abron, Kabreeya Rashay Case number (if known)

35.	Any financial assets you did not already list	
	<b>√</b> No	
	☐ Yes. Give specific information	
36.	Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached	¢4 555 75
	for Part 4. Write that number here	\$4,555.75
Pa	Tt 5: Describe Any Business-Related Property You Own or Have an Interest In. List any re	eal estate in Part 1.
37.	Do you own or have any legal or equitable interest in any business-related property?	
	☑ No. Go to Part 6.	
	☐ Yes. Go to line 38.	
		Current value of the
		portion you own?
		Do not deduct secured claims or exemptions.
20	Assounts resolvable or commissions you already sorned	ciaims of exemptions.
38.	Accounts receivable or commissions you already earned	
	☑ No	
	Yes. Describe	
39.	Office equipment, furnishings, and supplies	
	Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs,	
	electronic devices	
	<b>☑</b> No	
	☐ Yes. Describe	
40.	Machinery, fixtures, equipment, supplies you use in business, and tools of your trade	
	☑ No	
	☐ Yes. Describe	
41.	Inventory	
71.	·	
	☑ No	
	Yes. Describe	
42.	Interests in partnerships or joint ventures	
	☑ No	
	☐ Yes. Describe	
	Name of entity: % of ownership:	
	<del></del>	

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Debtor Abron, Kabreeya Rashay

Case number (if known) \_\_\_\_

43.	Customer lists, mailing list	s, or other compilations	
	<b>√</b> No		
	Yes. Do your lists inclu	de personally identifiable information (as defined in 11 U.S.C. § 101(41A))?	
	☐ No		
	Yes. Describe.		
	_		
44.	Any business-related prop	erty you did not already list	
	<b>√</b> No		
	Yes. Give specific		
	information		
	_		
	_		
45.	Add the dollar value of all	of your entries from Part 5, including any entries for pages you have attached	40.00
		er here	\$0.00
Pa	ι	Farm- and Commercial Fishing-Related Property You Own or Have an I	Interest In.
40		ave an interest in farmland, list it in Part 1.	
46.		gal or equitable interest in any farm- or commercial fishing-related property?	
	✓ No. Go to Part 7.		
	Yes. Go to line 47.		
			Current value of the
			portion you own?  Do not deduct secured
			claims or exemptions.
47.	Farm animals		
	Examples: Livestock, poulti	y, farm-raised fish	
	<b>√</b> No		
	☐ Yes		
48.	Crops—either growing or	harvested	
	<b>☑</b> No		
	☐ Yes. Give specific		
	information		

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Debtor Abron, Kabreeya Rashay

Case number (if known)

49.	Farm and fishing equipment, implements, machinery, fixtures	s, and tools of trade		
	☑ No			
	☐ Yes			
50.	Farm and fishing supplies, chemicals, and feed			
	<b>☑</b> No			
	☐ Yes			
51.	Any farm- and commercial fishing-related property you did no	ot already list		
	<b>☑</b> No			
	Yes. Give specific information			
	L			
52.	Add the dollar value of all of your entries from Part 6, including			\$0.00
	for Part 6. Write that number here		<del>-</del>	
Pa	t 7: Describe All Property You Own or Have	an Interest in Tha	t You Did Not List Above	
53.	Do you have other property of any kind you did not already li-			
00.	Examples: Season tickets, country club membership	J		
	☑ No			
	Yes. Give specific			
	information			
			_	00.00
54.	Add the dollar value of all of your entries from Part 7. Write the	nat number here	<del>-</del>	\$0.00
Do	t 8: List the Totals of Each Part of this Form			
Pa	t 8: List the Totals of Each Part of this Form	l		
55.	Part 1: Total real estate, line 2		<b></b>	\$0.00
50	Dart O. Tatalandrialan lina 5	<b>#0.000.00</b>		
56.	Part 2: Total vehicles, line 5	\$3,690.00		
57.	Part 3: Total personal and household items, line 15	\$4,500.00		
58.	Part 4: Total financial assets, line 36	\$4,555.75		
		<u> </u>		
59.	Part 5: Total business-related property, line 45	\$0.00		
60.	Part 6: Total farm- and fishing-related property, line 52	\$0.00		
64	Days 7: Total other preparity and Bosed Way 54	40.00		
61.	Part 7: Total other property not listed, line 54	\$0.00		
62.	Total personal property. Add lines 56 through 61	\$12,745.75	Copy personal property total	+ \$12,745.75
J	First First Property. And miles on miles of miles		porsonal proporty total -	

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Debtor Abron, Kabreeya Rashay	Case number (if known)

63. Total of all property on Schedule A/B. Add line 55 + line 62. \$12,745.75

Official Form 106A/B Schedule A/B: Property page 14

Fill in this information to identify your case:							
Debtor 1	Kabreeya	Rashay	Abron				
	First Name	Middle Name	Last Name				
Debtor 2							
(Spouse, if filing)	First Name	Middle Name	Last Name				
United States Bankruptcy Court for the: District of Minnesota							
Case number							
(if known)						Check if this is a amended filing	

#### Official Form 106C

### Schedule C: The Property You Claim as Exempt

04/25

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

F	Part 1: Ide	ntify the Property You	ı Claim as Exempt				
1.	☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3) ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)						
	•	ion of the property and ule A/B that lists this	Current value of the portion you own  Copy the value from Schedule A/B	Amount of the exemption you claim  Check only one box for each exemption.		Specific laws that allow exemption	
	Brief description:	2013 Chrysler 200 VIN: 1C3CCBCG2DN501719 Series: LIMITED	\$3,690.00	■	\$1,940.00	11 U.S.C. § 522(d)(2)	
	Line from Schedule A/B:	3.1			100% of fair market value, up to any applicable statutory limit		
3. Are you claiming a homestead exemption of more than \$214,000?  (Subject to adjustment on 4/01/28 and every 3 years after that for cases filed on or after the date of adjustment.)  ✓ No  ☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?  ☐ No  ☐ Yes							

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\_ Case number (if known) \_

Debtor 1

KabreeyaRashayAbronFirst NameMiddle NameLast Name

Brief descripti	on of the property and	Current value of the	Am	ount of the exemption you claim	Specific laws that allow exemption
line on <i>Sched</i>	ule A/B that lists this	portion you own		eck only one box for each exemption.	, ,
property		Copy the value from Schedule A/B	O TE	son only one box for each exemption.	
Brief description:	Typical household goods and furnishing, with no one item over \$650.	\$3,000.00	<b>∑</b> í	\$3,000.00	11 U.S.C. § 522(d)(3)
Line from Schedule A/B:	6			100% of fair market value, up to any applicable statutory limit	
Brief	TV - 350 Cell phone	\$700.00	<b>√</b>	\$700.00	11 U.S.C. § 522(d)(3)
description:	- 250 Computer - 100			100% of fair market value, up to any applicable statutory limit	
_ine from	7			\$0.00	11 U.S.C. § 522(d)(5)
Schedule A/B:				100% of fair market value, up to any applicable statutory limit	_
Brief	Normal wearing	\$800.00			
description:	apparel			\$800.00	11 U.S.C. § 522(d)(3)
_ine from Schedule A/B:	11			100% of fair market value, up to any applicable statutory limit	
Brief	Cash on hand day	\$60.00			
description:	of filing			\$60.00	11 U.S.C. § 522(d)(5)
ine from Schedule A/B:	16			100% of fair market value, up to any applicable statutory limit	_
Brief description:	Navy Federal CU	\$0.75			
accomption.	Checking account			\$0.75	11 U.S.C. § 522(d)(5)
Line from Schedule A/B:	17			100% of fair market value, up to any applicable statutory limit	_
Brief description:	Navy Federal CU	\$0.00			
·	Savings account		√	\$0.00	11 U.S.C. § 522(d)(5)
Line from Schedule A/B:	17			100% of fair market value, up to any applicable statutory limit	
Brief description:	Paypal	\$0.00			
·	Checking account		<b>⊴</b>	\$0.00	11 U.S.C. § 522(d)(5)
Line from Schedule A/B:	17			100% of fair market value, up to any applicable statutory limit	

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Case number (if known) \_

Debtor 1 Kabreeya

KabreeyaRashayAbronFirst NameMiddle NameLast Name

Part 2: Additional Page Brief description of the property and Current value of the Amount of the exemption you claim Specific laws that allow exemption line on Schedule A/B that lists this portion you own Check only one box for each exemption. property Copy the value from Schedule A/B Brief Venmo \$0.00 description: **Checking account**  $\sqrt{}$ \$0.00 11 U.S.C. § 522(d)(5) Line from 100% of fair market value, up to 17 Schedule A/B: any applicable statutory limit Brief Cashapp \$0.00 description: **Checking account**  $\sqrt{}$ \$0.00 11 U.S.C. § 522(d)(5) 100% of fair market value, up to Line from 17 Schedule A/B: any applicable statutory limit

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Debtor 1 Kabreeya Rashay Abron Case number (if known) \_
First Name Middle Name Last Name

Part 2:

Additional Page

Brief description:

100% Debtor's Interest in Rayne

Interest in Rayne Enterprise LLC

Business Type: Independent Hair

Stylist Business

Structure: Sole Member LLC

**Estimated Total** 

**Business Value:** 

\$840.00 Business

Assets - Tools &

Equipment (~\$590)

**Tools & Equipment** 

Estimated Total

Value: \$590.00

Includes: Used

salon chair - \$60

**Professional** 

shears - \$100

Thinning/texturizing

shears - \$50 Blow

dryer - \$60 Flat

iron - \$50 Curling

iron – \$40 Cutting

combs - \$10

Round brushes (2)

- \$20 Sectioning

clips - \$10 Spray

bottles (2) - \$10

Cape & disposable

neck strips – \$20

Disinfectant jar

(Barbicide) – \$15

**Barbicide** 

disinfectant - \$10

Mannequin head

with tripod stand -

\$75 Rolling tool

case - \$50 Starter

Inventory -

**Estimated Total** 

Value: \$250.00

Includes: Shampoo

& conditioner (liter

size) - \$30 Styling

products (4-5

items) - \$60 Hair

color (5-6 basic

shades) - \$60

Developer

(10/20/30 volume) -

\$20 Gloves (box of

100) - \$10 Tint

bowls & brushes (2

each) - \$10 Foils

(pre-cut pack) -

\$10 Extra

sectioning clips for

color - \$10 Hair

treatment masks (2 tubs) – \$20 Sample

or mini retail

products - \$20

Accounts

\$840.00

Schedule A/B

Brief description of the property and line on S分配格 25 概如 25 概如 1 运输机 2 使用 2 使	Current value of the Amount of the exemption File of the Copy the Copy the Cape Copy t	on you claim Specific laws that allow exemption 5/27/25 15:49:31 Desc Main ach exemption.
Line from	<b>☑</b> \$840.00	11 U.S.C. § 522(d)(5)
Schedule A/B: <b>19</b>	100% of fair market any applicable statu	* · ·

Official Form 106C

Schedule C: The Property You Claim as Exempt

page <u>4</u> of <u>5</u>

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Debtor 1

 Kabreeya
 Rashay
 Abron
 Case number (if known)

 First Name
 Middle Name
 Last Name

art 2: Add	ditional Page				
Brief description of the property a line on <i>Schedule A/B</i> that lists this property		Current value of the portion you own  Copy the value from Schedule A/B		ount of the exemption you claim eck only one box for each exemption.	Specific laws that allow exemption
Brief description:	Prorated 2025 Federal and MN state tax refunds Federal tax	\$3,655.00	<b>S</b>	\$3,655.00	11 U.S.C. § 522(d)(5)
Line from Schedule A/B:	28			100% of fair market value, up to any applicable statutory limit	

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			Document	Page 31 of 7				
Fill in this inform	nation to identify your o	case:						
Debtor 1	Kabreeya	Rashay	Abron					
	First Name	Middle Name	Last Name					
Debtor 2								
(Spouse, if filing)	First Name	Middle Name	Last Name					
United States E	Bankruptcy Court for th	ne: District of N	linnesota					
	.,,,,							
Case number ( known)	if			<u>—</u>		☐ Check if	this is an	
Kilowiij						amende	d filing	
Official Forr	n 106D							
		litore \//b	o Hayo C	laime Soc	urad by I	Droporty		
<u>scriedu</u>	ie D. Cred	IILOIS VVI	о паче с	laims Sec	ured by i	Property	12/15	
						r supplying correct inf		
	eeded, copy the Add number (if known).	itional Page, fill it	out, number the en	tries, and attach it to t	his form. On the to	p of any additional pag	jes, write your	
	litors have claims se	cured by your pro	perty?					
_				hedules. You have noth	ing else to report or	this form.		
☑ Yes. Fill i	in all of the information	n below.	·					
Part 1:	_ist All Secured Cl	laims						
					0.11	0.1 0	0.1.0	
	cured claims. If a cred		•		Column A	Column B	Column C	
			the claims in alphabetical order according to the Do		Amount of claim  Do not deduct the	Value of collateral that supports this	Unsecured portion	
creditor's na	ame.				value of collateral.	claim	If any	
2.1 BEST A	UTO SOURCE & R	FPAIR Describ	e the property that	secures the claim:	\$1,750.00	\$3,690.00	\$0.00	
LLC	oro ocomol a m					Ψο,σσσ.σσ	Ψ0.00	
Creditor's I	Name	2013 (	Chrysler 200					
5301 DO	UGLAS DR N	Series:	LIMITED					
Number	Street	As of th	ne date you file, the	claim is: Check all tha	t apply.			
		Con	· ·					
MINNEA	POLIS, MN 55429		quidated					
City		P Code	outed					
Who owes	s the debt? Check on	e. <b>Nature</b>	of lien. Check all tha	it apply.				
✓ Debtor	☑ Debtor 1 only ☑ An agreement you made (such as mortgage or secured car loan)							
Debtor	2 only			x lien, mechanic's lien)				
Debtor	1 and Debtor 2 only	Jude	gment lien from a law	/suit				
At least another	et one of the debtors a	nd	er (including a right to et)					
<del>-</del>	if this claim relates unity debt	to a						
Data daht	was incurred	Lact 4	digits of account nu	mbor				

\$1,750.00

Add the dollar value of your entries in Column A on this page. Write that number here:

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		D	ocument	Page 32 of 71	
Fill in this infor	mation to identify you	ır case:			
Dahtar 1	Makes and	Dealess	Alaman		
Debtor 1	Kabreeya First Name	Rashay  Middle Name	Abron Last Name		
	Filst Name	Middle Name	Last Name		
Debtor 2					
(Spouse, if filing	g) First Name	Middle Name	Last Name		
United States	Bankruptcy Court fo	r the: District of Minr	nesota		
Case number (if known)	·			_	☐ Check if this is an
(II KNOWN)					amended filing
Official For	mm 406⊏/⊏				
<u>Jiliciai Foi</u>	<u>rm 106E/F</u>				
Schedu	ule E/F: C	reditors Wh	o Have	<b>Unsecured Claims</b>	12/15
				IORITY claims and Part 2 for creditors with	
laims that are	listed in <i>Schedule</i> tries in the boxes of	D: Creditors Who Have	Claims Secured	ases (Official Form 106G). Do not include by Property. If more space is needed, cop to this page. On the top of any additional	by the Part you need, fill it out,
Part 1:	List All of Your F	RIORITY Unsecured	Claims		
	io to Part 2.	y unsecured claims aga	·		
3. Do any c	reditors have nonni	iority unsecured claims	against you?		
_	•	•		urt with your other schedules.	
nonpriorit included i	y unsecured claim, lis	st the creditor separately to one creditor holds a part	or each claim. Fo	er of the creditor who holds each claim. If r each claim listed, identify what type of clair ne other creditors in Part 3.If you have more	m it is. Do not list claims already
					Total claim
4.1 CARIT	AL ONE		Look A diss	ite of account number	<b>*</b> 0.000.00
— CAFIII	AL ONE		Last 4 dig	its of account number	
•	ity Creditor's Name		When was	the debt incurred?	
	X 31293				
Number	Street		As of the	date you file, the claim is: Check all that ap	only
				•	ipiy.
SALT L	AKE CITY, UT 84	131	Conting Unliqui	-	
City	State				
Who inc	urred the debt? Che	ok one	☐ Dispute	5u	
		eck one.	Type of No	ONPRIORITY unsecured claim:	
☑ Debt	•		Studen	t loans	
☐ Debt	•		Obligat	ions arising out of a separation agreement o	or divorce that you did not report as
	or 1 and Debtor 2 on		_ priority		•
	ast one of the debtors			o pension or profit-sharing plans, and other	similar debts
☐ Chec	ck if this claim is for	a community debt	✓ Other.	Specify Credit Card	
<b>Is the cl</b> a <b>√</b> 1 No	aim subject to offse	<del>t</del> ?			

☐ Yes

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Debtor 1

 Kabreeya
 Rashay
 Abron
 Case number (if known)

 First Name
 Middle Name
 Last Name

Pa	rt 2: Your	NONPRIORITY Unse	cured Claims —	Continuation Page				
After	listing any entr	ries on this page, numb	er them beginning	g with 4.4, followed by 4.5, and so forth.	Total claim			
4.2	CBNA			Last 4 digits of account number	\$1,092.00			
	Nonpriority Cred	litor's Name		Milhon was the debt in surred?				
	PO BOX 6497	7		When was the debt incurred?				
	Number Street  SIOUX FALLS, SD 57117-6497  City State ZIP Code  Who incurred the debt? Check one.  ✓ Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this claim is for a community debt  Is the claim subject to offset?  ✓ No		er	As of the date you file, the claim is: Check all that apply.  ☐ Contingent ☐ Unliquidated ☐ Disputed  Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify Credit Card				
4.3	☐ Yes							
4.3	CHRIS MCKI			Last 4 digits of account number	\$2,300.00			
	Nonpriority Cred 195 5TH ST E			When was the debt incurred?  As of the date you file, the claim is: Check all that apply.				
	Number	Street						
	SAINT PAUL	, MN 55101		Contingent  □ Unliquidated				
	City	State	ZIP Code	☐ Disputed				
	Who incurred the debt? Check one.  ✓ Debtor 1 only  □ Debtor 2 only  □ Debtor 1 and Debtor 2 only  □ At least one of the debtors and another  □ Check if this claim is for a community debt			Type of NONPRIORITY unsecured claim:  ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify Attorney's Fees				
	Is the claim sub	bject to offset?						

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\_ Case number (if known) \_

Debtor 1

KabreeyaRashayAbronFirst NameMiddle NameLast Name

Pa	t 2: Your NONPRIORITY Unsecured Claims -	- Continuation Page			
After	listing any entries on this page, number them beginnin	g with 4.4, followed by 4.5, and so forth. Total claim			
4.4	LENDINGPOINT, LLC	Last 4 digits of account number\$5,600.00			
	Nonpriority Creditor's Name ATTN: MEMBER SERVICES	When was the debt incurred?			
	1201 ROBERTS BLVD NW STE 200	- As of the date you file, the claim is: Check all that apply.			
	Number Street KENNESAW, GA 30144-3612	☐ Contingent ☐ Unliquidated			
	City State ZIP Code	☐ Disputed			
4.5	Who incurred the debt? Check one.  ✓ Debtor 1 only  □ Debtor 2 only  □ Debtor 1 and Debtor 2 only  □ At least one of the debtors and another  □ Check if this claim is for a community debt  Is the claim subject to offset?  ✓ No  □ Yes  SELF FINANCIAL/LEAD BANK	Type of NONPRIORITY unsecured claim:  ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify Consumer Debt  Last 4 digits of account number \$94.00			
	Nonpriority Creditor's Name	<u> </u>			
	1801 MAIN ST	When was the debt incurred?			
	Number Street	As of the date you file, the claim is: Check all that apply.			
	KANSAS CITY, MO 64108-2352	Contingent Unliquidated			
	City State ZIP Code	☐ Disputed			
	Who incurred the debt? Check one.  ✓ Debtor 1 only  □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt	Type of NONPRIORITY unsecured claim:  ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify Consumer Debt			
	Is the claim subject to offset? ☑ No □ Yes				

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Case number (if known)

Debtor 1

KabreeyaRashayAbronFirst NameMiddle NameLast Name

Pa	rt 2: Your NONPRIO	RITY Unsecured Claims —	- Continuation Page				
After	listing any entries on this	page, number them beginning	g with 4.4, followed by 4.5, and so forth.	otal claim			
4.6	SST		Last 4 digits of account number	\$1,210.00			
	Nonpriority Creditor's Name 4185 HARRISON BLVD		When was the debt incurred?				
	Number Street		As of the date you file, the claim is: Check all that apply.				
	OGDEN, UT 84403-2475	5	☐ Contingent ☐ Unliquidated				
	City Stat	te ZIP Code	☐ Disputed				
	Who incurred the debt? Check one.  ✓ Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this claim is for a community debt  Is the claim subject to offset?  ✓ No  Yes		Type of NONPRIORITY unsecured claim:  ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Consumer Debt				
4.7	WALKER & WALKER L Nonpriority Creditor's Name 4356 NICOLLET AVE Number Street	AW OFFICE	When was the debt incurred?  As of the date you file, the claim is: Check all that apply.				
	MINNEAPOLIS, MN 554		<ul><li>☐ Contingent</li><li>☐ Unliquidated</li></ul>				
	Who incurred the debt? Ch  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 o At least one of the debto Check if this claim is fo  Is the claim subject to offs  No Yes	nly ors and another or a community debt	<ul> <li>□ Disputed</li> <li>Type of NONPRIORITY unsecured claim:</li> <li>□ Student loans</li> <li>□ Obligations arising out of a separation agreement or divorce that you did not repriority claims</li> <li>□ Debts to pension or profit-sharing plans, and other similar debts</li> <li>✓ Other. Specify</li> <li>Attorney's Fees</li> </ul>	report as			

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Debtor 1

Part 2:	Your NONPRIORITY Unsec	ured Claims -	- Continuation Page			
After listing a	ny entries on this page, numbe	r them beginnin	ng with 4.4, followed by 4.5, and so forth.	Total claim		
Nonprior	LAKE FINANCIAL SERVICES ty Creditor's Name DX 54807 Street	3	When was the debt incurred?  As of the date you file, the claim is: Check all that apply.			
LOS A	LOS ANGELES, CA 90054 City State ZIP Code		☐ Contingent ☐ Unliquidated ☐ Disputed			
Debt Debt At lea	urred the debt? Check one. or 1 only or 2 only or 1 and Debtor 2 only ast one of the debtors and anothe ck if this claim is for a communi		Type of NONPRIORITY unsecured claim:  ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify Vehicle loan-repossessed	report as		
Is the classical line in the classical line	aim subject to offset?		<u> </u>			

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Case number (if known) \_

Debtor 1

KabreeyaRashayAbronFirst NameMiddle NameLast Name

Write that amount here.

Total. Add lines 6f through 6i.

6j.

Part 4: Add the Amounts for Each Type of Unsecured Claim Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim. **Total claim Total claims** 6a. **Domestic support obligations** 6a. \$0.00 from Part 1 6b. Taxes and certain other debts you owe the government 6b. \$0.00 Claims for death or personal injury while you were 6c. 6c. \$0.00 intoxicated Other. Add all other priority unsecured claims. 6d. 6d. \$0.00 Write that amount here. Total. Add lines 6a through 6d. 6e. \$0.00 **Total claim Total claims** 6f. Student loans 6f. \$0.00 from Part 2 6g. Obligations arising out of a separation agreement or 6g. \$0.00 divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other 6h. 6h. \$0.00 similar debts 6i. Other. Add all other nonpriority unsecured claims. 6i. \$30,524.00

6j.

\$30,524.00

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Fill in this inform	nation to identify yo					
Debtor 1	Kabreeya	Rashay	Abron			
	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse, if filing)	First Name	Middle Name	Last Name			
United States E	Bankruptcy Court fo					
Case number				_		
(if known)					]	Check if this amended fili

#### Official Form 106G

#### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or cor	mpany with whom you have t	ne contract or lease	State what the contract or lease is for
2.1	Riverton Co	mmunity Housing		
	Name	, ,		Contract to be ASSUMED
	425 13th Ave	e Se		
	Number	Street		
	Minneapolis	, MN 55414-2065		
	City	State	ZIP Code	
2.2				
	Name		_	
	Number	Street		
	City	State	ZIP Code	
2.3				
	Name			
	Number	Street		
	City	State	ZIP Code	
2.4				
	Name			
	Number	Street		
	City	State	ZIP Code	

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			Document	Page 39 of 71	_	
Fill in this inform	ation to identify yo	our case:				
Debtor 1	Kabreeya	Rashay	Abron			
	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse, if filing)	First Name	Middle Name	Last Name	_		
United States E	Bankruptcy Court fo	or the: District of Mi	nnesota			
Case number (if known)				_		☐ Check if this is an amended filing
Official Forr	n 106H					amenaed ming

#### Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if

1.	Do you have any co	odebtors? (If you are filing a joir	nt case, do not list either spouse a	s a codebtor.)
	<b>₫</b> No			
	☐ Yes			
2.			unity property state or territory Puerto Rico, Texas, Washington, a	? (Community property states and territories include Arizona, nd Wisconsin.)
	☑ No. Go to line 3.			
	Yes. Did your spo	ouse, former spouse, or legal eq	uivalent live with you at the time?	
	☐ No			
	Yes. In which	community state or territory did	l you live?	. Fill in the name and current address of that person.
	Name of you	ır spouse, former spouse, or lega	al equivalent	
	Number	Street		
	City	State	ZIP Code	
3.			clude your spouse as a codebto	r if your spouse is filing with you. List the person shown in line
3.	2 again as a codebt	tor only if that person is a gual tial Form 106E/F), or <i>Schedule</i>	clude your spouse as a codebto rantor or cosigner. Make sure y	r if your spouse is filing with you. List the person shown in line ou have listed the creditor on <i>Schedule D</i> (Official Form 106D), hedule D, Schedule E/F, or Schedule G to fill out Column 2.  **Column 2: The creditor to whom you owe the debt
3.	2 again as a codebt Schedule E/F (Offic	tor only if that person is a gual tial Form 106E/F), or <i>Schedule</i>	clude your spouse as a codebto rantor or cosigner. Make sure y	ou have listed the creditor on Schedule D (Official Form 106D), hedule D, Schedule E/F, or Schedule G to fill out Column 2.
3.	2 again as a codebt Schedule E/F (Offic	tor only if that person is a gual tial Form 106E/F), or <i>Schedule</i>	clude your spouse as a codebto rantor or cosigner. Make sure y	ou have listed the creditor on Schedule D (Official Form 106D), hedule D, Schedule E/F, or Schedule G to fill out Column 2.  Column 2: The creditor to whom you owe the debt
	2 again as a codebt Schedule E/F (Offic	tor only if that person is a gual tial Form 106E/F), or <i>Schedule</i>	clude your spouse as a codebto rantor or cosigner. Make sure y	ou have listed the creditor on Schedule D (Official Form 106D), hedule D, Schedule E/F, or Schedule G to fill out Column 2.  Column 2: The creditor to whom you owe the debt
	2 again as a codebt Schedule E/F (Offic Column 1: Your cod	tor only if that person is a gual tial Form 106E/F), or <i>Schedule</i>	clude your spouse as a codebto rantor or cosigner. Make sure y	ou have listed the creditor on Schedule D (Official Form 106D), hedule D, Schedule E/F, or Schedule G to fill out Column 2.  Column 2: The creditor to whom you owe the debt  Check all schedules that apply:
	2 again as a codebt Schedule E/F (Offic Column 1: Your cod	tor only if that person is a gual tial Form 106E/F), or <i>Schedule</i>	clude your spouse as a codebto rantor or cosigner. Make sure y	ou have listed the creditor on Schedule D (Official Form 106D), hedule D, Schedule E/F, or Schedule G to fill out Column 2.  Column 2: The creditor to whom you owe the debt  Check all schedules that apply:   Schedule D, line
	2 again as a codebt Schedule E/F (Offic Column 1: Your cod	tor only if that person is a gua ial Form 106E/F), or <i>Schedule</i> ebtor	clude your spouse as a codebto rantor or cosigner. Make sure y	ou have listed the creditor on Schedule D (Official Form 106D), hedule D, Schedule E/F, or Schedule G to fill out Column 2.  Column 2: The creditor to whom you owe the debt  Check all schedules that apply:  Schedule D, line Schedule E/F, line Schedule G, line
3.1	2 again as a codebt Schedule E/F (Offic Column 1: Your cod Name Number	tor only if that person is a gualial Form 106E/F), or <i>Schedule</i> ebtor  Street	clude your spouse as a codebto rantor or cosigner. Make sure y e G (Official Form 106G). Use Sc	ou have listed the creditor on Schedule D (Official Form 106D), hedule D, Schedule E/F, or Schedule G to fill out Column 2.  Column 2: The creditor to whom you owe the debt  Check all schedules that apply:  Schedule D, line Schedule E/F, line Schedule G, line
	2 again as a codebt Schedule E/F (Offic Column 1: Your cod Name Number	tor only if that person is a gualial Form 106E/F), or <i>Schedule</i> ebtor  Street	clude your spouse as a codebto rantor or cosigner. Make sure y e G (Official Form 106G). Use Sc	ou have listed the creditor on Schedule D (Official Form 106D), hedule D, Schedule E/F, or Schedule G to fill out Column 2.  Column 2: The creditor to whom you owe the debt  Check all schedules that apply:  Schedule D, line Schedule E/F, line Schedule G, line
3.1	2 again as a codebt Schedule E/F (Offic Column 1: Your cod Name Number	tor only if that person is a gualial Form 106E/F), or <i>Schedule</i> ebtor  Street	clude your spouse as a codebto rantor or cosigner. Make sure y e G (Official Form 106G). Use Sc	ou have listed the creditor on Schedule D (Official Form 106D), hedule D, Schedule E/F, or Schedule G to fill out Column 2.  Column 2: The creditor to whom you owe the debt Check all schedules that apply:  Schedule D, line Schedule E/F, line Schedule G, line  Schedule D, line
3.1	2 again as a codebt Schedule E/F (Offic Column 1: Your cod Name Number	tor only if that person is a gualial Form 106E/F), or <i>Schedule</i> ebtor  Street	clude your spouse as a codebto rantor or cosigner. Make sure y e G (Official Form 106G). Use Sc	ou have listed the creditor on Schedule D (Official Form 106D), hedule D, Schedule E/F, or Schedule G to fill out Column 2.  Column 2: The creditor to whom you owe the debt  Check all schedules that apply:  Schedule D, line Schedule E/F, line Schedule G, line Schedule D, line Schedule E/F, line Schedule D, line
3.1	2 again as a codebt Schedule E/F (Offic Column 1: Your cod Name Number City	tor only if that person is a gualial Form 106E/F), or Schedule ebtor  Street  State	clude your spouse as a codebto rantor or cosigner. Make sure y e G (Official Form 106G). Use Sc	ou have listed the creditor on Schedule D (Official Form 106D), hedule D, Schedule E/F, or Schedule G to fill out Column 2.  Column 2: The creditor to whom you owe the debt  Check all schedules that apply:  Schedule D, line Schedule E/F, line Schedule G, line Schedule D, line Schedule G, line Schedule D, line Schedule D, line

Fill in this inform	ation to identify yo	ur case:		
Debtor 1	Kabreeya	Rashay	Abron	
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse, if filing)	First Name	Middle Name	Last Name	Check if this is:
United States E	Bankruptcy Court fo	or the: District of Mi	nnesota	☐ An amended filing☐ A supplement showing postpetition chapte
Case number				13 income as of the following date:
(if known)				MM / DD / YYYY

Official Form 106I

#### Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

	Part 1: Describe Employr	ment					
1.	Fill in your employment information.		Debtor 1			Debtor 2 or non-fili	ng spouse
	If you have more than one job, attach a separate page with information about additional employers.	Employment status	☐ Employed ☑ Not emplo			☐ Employed ☐ Not employed	
	Include part-time, seasonal, or self-employed work.  Occupation may include student	Occupation Employer's name					
	or homemaker, if it applies.	Employer's address	Number Street		Number Street		
			City	State	e ZIP Code	City Sta	te ZIP Code
		How long employed there?				-	
	Part 2: Give Details Abou	it Monthly Income					
	Estimate monthly income as of unless you are separated.	the date you file this form. If y	ou have nothir	ng to repo	ort for any line, write \$	0 in the space. Include y	our non-filing spouse
	If you or your non-filing spouse had below. If you need more space, a			mation fo	or all employers for tha	at person on the lines	
					For Debtor 1	For Debtor 2 or non-filing spouse	
2.	List monthly gross wages, sala deductions). If not paid monthly, o			2	\$0.00		
3.	Estimate and list monthly overt	ime pay.		3. <b>+</b> _	\$0.00	+	
4.	Calculate gross income. Add lin	e 2 + line 3.		4.	\$0.00		

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Debtor 1

 Kabreeya
 Rashay
 Abron
 Case number (if known)

 First Name
 Middle Name
 Last Name

				For Debtor 1	For Debtor 2 or non-filing spouse	
	Cop	y line 4 here→	4.	\$0.00		
5.	List	all payroll deductions:				
٠.		Tax, Medicare, and Social Security deductions	5a.	\$0.00		
	5b.	Mandatory contributions for retirement plans	5b.	\$0.00		
	5c.	Voluntary contributions for retirement plans	5c.	\$0.00		
	5d.	Required repayments of retirement fund loans	5d.	\$0.00		
	5e.	Insurance	5e.	\$0.00		
	5f.	Domestic support obligations	5f.	\$0.00		
	5g.	Union dues	5g.	\$0.00		
	-	Other deductions. Specify:	5h. <b>+</b>	\$0.00	+	
6.		I the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h.	6.	\$0.00		
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$0.00		
8.	List	all other income regularly received:				
	8a.	Net income from rental property and from operating a business, profession, or farm				
		Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$1,400.00		
	8b.	Interest and dividends	8b.	\$0.00		
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive				
		Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$0.00		
	8d.	Unemployment compensation	8d.	\$0.00		
	8e.	Social Security	8e.	\$0.00		
	8f.	Other government assistance that you regularly receive				
		Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:	8f.	\$0.00		
	8g.	Pension or retirement income	8g.	\$0.00		
	-	Other monthly income. Specify: Family Support	8h. <b>+</b>	\$1,200.00	+	
9.		l all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9.	\$2,600.00		
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$2,600.00		= \$2,600.00
11.	Stat	e all other regular contributions to the expenses that you list in Schedu	ıle J.			
	frier	ude contributions from an unmarried partner, members of your household, you do or relatives.	·	.,		
		not include any amounts already included in lines 2-10 or amounts that are no	ot availa	able to pay expenses lis		<b>\$0.00</b>
	Spe	city:			11.	+

Entered 05/27/25 15:49:31 Case 25-41710 Filed 05/27/25 Doc 1 Page 42 of 71 Document Debtor 1 Kabreeya Rashay Abron Case number (if known) \_ First Name Middle Name Last Name 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. \$2,600.00 12. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies Combined monthly income 13. Do you expect an increase or decrease within the year after you file this form? ✓ No. Yes. Explain:

Desc Main

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8a. Attached Statement **Hair Stylist** FINANCIAL REVIEW OF THE DEBTOR'S BUSINESS (NOTE: ONLY INCLUDE information directly related to the business operation.) PART A - ESTIMATED AVERAGE FUTURE GROSS MONTHLY INCOME: \$1,400.00 1. Gross Monthly Income: PART B - ESTIMATED AVERAGE FUTURE MONTHLY EXPENSES: 2. Payments to be Made Directly by Debtor to Secured Creditors for Pre-Petition **Business Debts** \$0.00 TOTAL PAYMENTS TO SECURED CREDITORS 3. Other Expenses \$0.00 TOTAL OTHER EXPENSES \$0.00 4. TOTAL MONTHLY EXPENSES (Add item 2 - 21) PART C - ESTIMATED AVERAGE NET MONTHLY INCOME: \$1,400.00 5. AVERAGE NET MONTHLY INCOME (Subtract item 22 from item 1)

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Fill in this information	to identify your case:			
Debtor 1	Kabreeya First Name	Rashay Middle Name	Abron Last Name	Check if this is:
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	An amended filing  A supplement showing postpetition chapter 13 expenses as of the following date:
United States Bankruptcy Court for the:			District of Minnesota	
Case number (if known)				

### Official Form 106J

### Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question

pace is needed, attach another sheet to		nonai pages, write your name and ca	ise Hullibel (II Kil	omiji zanonon ovory quoos
Part 1: Describe Your Househole  I. Is this a joint case?	<u> </u>			
✓ No. Go to line 2.				
Yes. Does Debtor 2 live in a sep	parate household?			
$\square_{No}$				
Yes. Debtor 2 must file	Official Form 106J-2, Expenses for	Separate Household of Debtor 2.		
2. Do you have dependents?	$\square_{No}$			
Do not list Debtor 1 and Debtor 2.	Yes. Fill out this information	Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
Do not state the dependents'	for each dependent	Child	6	□ <sub>No.</sub> ☑ <sub>Yes.</sub>
names.				☐ No. ☐ Yes.
				☐ No. ☐ Yes.
				☐ No. ☐ Yes.
				□ No. □ Yes.
Do your expenses include     expenses of people other than     yourself and your dependents?	☑No □ <sub>Yes</sub>			
Part 2: Estimate Your Ongoing I	<u> </u>		Charter 42 and	
stimate your expenses as of your bar ate after the bankruptcy is filed. If this				
nclude expenses paid for with non-ca uch assistance and have included it o			You	ır expenses
den assistance and have included it t	on schedule i. Tour income (Omca	al Form 106I.)		ir expenses
	•	irst mortgage payments and any rent	4	\$1,600.00
. The rental or home ownership exp	•	,	4.	
The rental or home ownership exp for the ground or lot.	•	,	4	
The rental or home ownership exp for the ground or lot.  If not included in line 4:	venses for your residence. Include f	,		\$1,600.00
<ul><li>The rental or home ownership exp for the ground or lot.</li><li>If not included in line 4:</li><li>4a. Real estate taxes</li></ul>	nenses for your residence. Include f	,	4a	\$1,600.00 \$0.00

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Debtor 1 Kabreeya Rashay Abron Case number (if known)

Last Name

First Name

Middle Name

	Yo	ur expenses
. Additional mortgage payments for your residence, such as home equity loans	5	\$0.00
. Utilities:		
6a. Electricity, heat, natural gas	6a	\$80.00
6b. Water, sewer, garbage collection	6b	\$0.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c	\$100.00
6d. Other. Specify:	6d.	\$0.00
Food and housekeeping supplies	7.	\$460.00
. Childcare and children's education costs	8.	\$0.00
. Clothing, laundry, and dry cleaning	9.	\$80.00
0. Personal care products and services	10.	\$70.00
Medical and dental expenses	11.	\$0.00
<ol> <li>Transportation. Include gas, maintenance, bus or train fare.</li> <li>Do not include car payments.</li> </ol>	12	\$200.00
3. Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$0.00
4. Charitable contributions and religious donations	14.	\$0.00
5. Insurance.		
Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance	15a.	\$0.00
15b. Health insurance	·	\$0.00
15c. Vehicle insurance	15c	\$0.00
15d. Other insurance. Specify:	15d	\$0.00
6. <b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20.		**
Specify:	16	\$0.00
7. Installment or lease payments:		
17a. Car payments for Vehicle 1	17a	\$0.00
17b. Car payments for Vehicle 2	17b	\$0.00
17c. Other. Specify:	17c	\$0.00
17d. Other. Specify:	17d	\$0.00
<ol> <li>Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).</li> </ol>	18	\$0.00
9. Other payments you make to support others who do not live with you.		
Specify:	19.	\$0.00
O. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income	е.	
20a. Mortgages on other property	20a	\$0.00
20b. Real estate taxes	20b	\$0.00
20c. Property, homeowner's, or renter's insurance	20c	\$0.00
20d. Maintenance, repair, and upkeep expenses	20d	\$0.00
20e. Homeowner's association or condominium dues	20e.	\$0.00

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Debtor 1 Kabreeya Rashay Abron Case number (if known) -Middle Name First Name Last Name 21. Other. Specify: 21. + \_\_\_\_\_ \$0.00 22. Calculate your monthly expenses. 22a. \$2,590.00 22a. Add lines 4 through 21. 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22b. \$0.00 22c. Add line 22a and 22b. The result is your monthly expenses. 22c. \$2,590.00 23. Calculate your monthly net income. 23a. \$2,600.00 23a. Copy line 12 (your combined monthly income) from Schedule I. 23b. 23b. Copy your monthly expenses from line 22c above. \$2,590.00 23c. Subtract your monthly expenses from your monthly income. \$10.00 The result is your monthly net income. 23c. 24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? **✓** No. Yes.

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Fill in this information t	to identify your case:		
Debtor 1	Kabreeya	Rashay	Abron
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:			District of Minnesota
Case number (if known)			

#### Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

☐ Check if this is an amended filing

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all

of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your origir new Summary and check the box at the top of this page.	nal forms, you must fill out a
Part 1: Summarize Your Assets	
	Your assets Value of what you own
1. Schedule A/B: Property (Official Form 106A/B)	
1a. Copy line 55, Total real estate, from Schedule A/B	\$0.00
1b. Copy line 62, Total personal property, from Schedule A/B	\$12,745.75
1c. Copy line 63, Total of all property on Schedule A/B	\$12,745.75
Part 2: Summarize Your Liabilities	
	Your liabilities Amount you owe
<ol> <li>Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)</li> <li>Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D</li> </ol>	\$1,750.00
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$0.00
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	+ \$30,524.00
Your total liabilities	\$32,274.00
Part 3: Summarize Your Income and Expenses	
4. Schedule I: Your Income (Official Form 106I)	
Copy your combined monthly income from line 12 of Schedule I	\$2,600.00
5. Schedule J: Your Expenses (Official Form 106J)	
Copy your monthly expenses from line 22c of Schedule J	\$2,590.00

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Debtor 1 Kabreeya Rashay Abron Case number (if known) -

Last Name

Middle Name

First Name

Pa	Part 4: Answer These Questions for Administrative and Statistical Records							
	Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.  Yes							
	What kind of debt do you have?  Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.  Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.							
	From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.  \$2,600.00							
9.	Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:	Total claim						
	From Part 4 on Schedule E/F, copy the following:							
	9a. Domestic support obligations (Copy line 6a.)	\$0.00						
	9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$0.00						
	9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$0.00						
	9d. Student loans. (Copy line 6f.)	\$0.00						
	9e.Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$0.00						
	9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+ \$0.00						
	9g. <b>Total</b> . Add lines 9a through 9f.	\$0.00						

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Fill in this information to identify your case:							
Debtor 1	Kabreeya	Rashay	Abron				
	First Name	Middle Name	Last Name				
Debtor 2							
(Spouse, if filing)	First Name	Middle Name	Last Name	_			
United States Bankr	uptcy Court for the:		District of Minneson	a			
Case number (if known)							

#### Official Form 106Dec

#### Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below	
you pay or agree to pay someone who is NOT a	n attorney to help you fill out bankruptcy forms?
No	
Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).
der penalty of periury. I declare that I have read th	ne summary and schedules filed with this declaration and that they are true and correct.
ides pendity of perjuly, racolare that rhave read to	ie summary and somedates med with this desidation and that they are true and somest.
<b>/</b>	
s/ Kabreeya Rashay Abron  Kabreeya Rashay Abron, Debtor 1	<del></del>
Date <b>05/27/2025</b>	
Date USIZITZUZS	

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Fill in this information	n to identify your case	:			
Debtor 1	_ Kabreeya	Rashay	Abron		
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse, if filing)	First Name	Middle Name	Last Name		
United States Bankruptcy Court for the:			District of Minnesota		
Case number (if known)					Check amen

#### Official Form 107

### Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/25

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

☑ Married ☑ Not married					
During the last 3 years, have yo  ✓ No					
Yes. List all of the places you  Debtor 1:	Da	rs. Do not include whates Debtor 1 lived ere	Debtor 2:		Dates Debtor 2 lived there
Number Street  City Sta	Fro To te ZIP Code	m	Same as Debtor 1  Number Street  City	State ZIP Code	Same as Debtor 1 From To
Number Street	Fro	m	Same as Debtor 1  Number Street		Same as Debtor 1 From
Dity Sta	te ZIP Code		City	State ZIP Code	-
Within the last 8 years, did you rritories include Arizona, Californ √					nunity property states an

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Abron

ebtor 1	Kabreeya	Rashay	Abron		Case number (if know	/n)
	First Name	Middle Nan	ne Last Name			
art 2: Expla	in the Sources	of Your In	come			
Fill in the total a	mount of income y	ou received	from all jobs and all busine	iness during this year or to esses, including part-time a er, list it only once under D		ears?
_	a joint case and yo	u nave incoi	ne that you receive togeth	er, list it offly office under D	ebior r.	
☐ No						
Yes. Fill in	the details.					
			Debtor 1		Debtor 2	
			Sources of income	Gross Income	Sources of income	Gross Income
			Check all that apply.	(before deductions and exclusions)	Check all that apply.	(before deductions and exclusions)
	/ 1 of current year	until the	Wages, commissions, bonuses, tips		☐ Wages, commissions, bonuses, tips	
date you filed	for bankruptcy:		☑ Operating a business	\$7,000.00	Operating a business	
For last calen (January 1 to	idar year: December 31, <u>20</u>	<b>24</b> )	→ Wages, commissions, bonuses, tips		■ Wages, commissions, bonuses, tips	
	Υ	YYY [	Operating a business	\$12,081.00	Operating a business	
For the calend	dar year before tha	at:	Wages, commissions,		☐ Wages, commissions,	
(January 1 to	December 31, 20	<b>23</b> )	bonuses, tips		bonuses, tips	
	Y	YYY t	✓ Operating a business	\$9,000.00	Operating a business	
nclude income public benefit pa	regardless of whet ayments; pensions e and you have inc	her that inco ; rental incor		of other income are alimony oney collected from lawsuits	y; child support; Social Secu s; royalties; and gambling an	
			Debtor 1		Debtor 2	
			Sources of income	Gross income from	Sources of income	Gross Income from
			Describe below.	each source	Describe below.	each source
				(before deductions and exclusions)		(before deductions and exclusions)
	/ 1 of current year for bankruptcy:	until the				
For last calen	dar year:		Government	\$4,200.00		
(January 1 to	December 31, <u>20</u>	<b>24</b> YYY	assistance		_	_
For the calend	dar year before tha	at:				
(January 1 to	December 31, <u>20</u>	<b>23</b> YYY				

Debtor 1

Kabreeya

Rashay

Case 25-41710 Doc 1 Filed 05/27/25 Entered 05/27/25 15:49:31 Desc Main Document Page 52 of 71 Debtor 1 Kabreeya Rashay Abron Case number (if known) \_ First Name Middle Name Last Name Part 3: List Certain Payments You Made Before You Filed for Bankruptcy 6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts? Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$8,575\* or more? No. Go to line 7. ☐ Yes. List below each creditor to whom you paid a total of \$8,575\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. \* Subject to adjustment on 4/01/28 and every 3 years after that for cases filed on or after the date of adjustment. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Dates of Total amount paid Amount you still owe Was this payment for... payment ■ Mortgage Creditor's Name ☐ Car ☐ Credit card Number Street Loan repayment ☐ Suppliers or vendors Other — ZIP Code City State 7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. Yes. List all payments to an insider. Dates of Total amount paid Amount you still Reason for this payment payment Insider's Name Number Street City State ZIP Code

Document Page 53 of 71 Debtor 1 Kabreeya Rashay Abron Case number (if known) \_ First Name Middle Name Last Name 8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. **√**No Yes. List all payments that benefited an insider. Dates of Total amount paid Amount you still Reason for this payment payment owe Include creditor's name Insider's Name Street Number City State ZIP Code Identify Legal Actions, Repossessions, and Foreclosures Part 4: 9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. **✓** No Yes. Fill in the details. Nature of the case Court or agency Status of the case Pending Case title \_\_\_ On appeal Court Name □ Concluded Number Street Case number \_\_\_\_\_ City State ZIP Code 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below.

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Case 25-41710 Doc 1 Filed 05/27/25 Entered 05/27/25 15:49:31 Desc Main Page 54 of 71 Document Debtor 1 Kabreeya Rashay Abron Case number (if known). First Name Middle Name Last Name Describe the property Date Value of the property Loan balance: 15,624 2016 Porsche Macan **Westlake Financial** 04/30/2025 \$2,500.00 - not running at the time of repossession Creditor's Name PO Box 76809 **Explain what happened** Number Street Property was repossessed. Property was foreclosed. Property was garnished. Los Angeles, CA 60054-0809 ZIP Code Property was attached, seized, or levied. 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? **✓** No Yes. Fill in the details. Describe the action the creditor took Date action was Amount taken Creditor's Name Number Street State ZIP Code City Last 4 digits of account number: XXXX-\_\_\_\_\_\_\_ 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a courtappointed receiver, a custodian, or another official? **✓** No Yes Part 5: List Certain Gifts and Contributions 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? **✓** No Yes. Fill in the details for each gift.

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Gifts with a t per person	otal value of more than	dle Name	Last Name  Describe the gifts	Case number (if known)  Dates you gave the gifts	'alue
per person Person to Whom		\$600	Describe the gifts		alue
	n You Gave the Gift				
	n You Gave the Gift				
Number Stre					
Number Stre					_
Number Stre					
	eet				
City	State ZIF	P Code			
Person's relati	onship to you				
Within 2 vea	rs before you filed for	hankruntc	v did you give any gifts or contribution	s with a total value of more than \$600 to	any charity?
√No	-			S & total value of more than \$500 to	any onanty:
	the details for each gift				
Gifts or cont that total mo	ributions to charities re than \$600	Descri	be what you contributed	Date you Val contributed	ue
Charity's Name					
Number Stre	not .				
tumber one	ect.				
City	State ZIP Code				
t 6: List C	ertain Losses				
. Within 1 yea mbling?	r before you filed for b	ankruptcy	or since you filed for bankruptcy, did y	ou lose anything because of theft, fire, o	ther disaster, or
√No					
Yes. Fill in	the details.				
	property you lost and	Describe	any insurance coverage for the loss	Date of your loss Val	ue of property lost
how the loss	occurred		he amount that insurance has paid. List e claims on line 33 of Schedule A/B: Pro		
		modrano	Security of this octor contours / V.D. 1 10	<i>pc. y</i> .	

Document Page 56 of 71 Debtor 1 Kabreeya Rashay Abron Case number (if known) \_ First Name Middle Name Last Name Part 7: List Certain Payments or Transfers 16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. **✓** No Yes. Fill in the details. Description and value of any property transferred Amount of payment Date payment or transfer was made Person Who Was Paid Number Street State ZIP Code Email or website address Person Who Made the Payment, if Not You 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. **√** No Yes. Fill in the details. Description and value of any property transferred Date payment or Amount of payment transfer was made Person Who Was Paid Number Street ZIP Code City State 18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. **√**No Yes. Fill in the details.

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Case 25-41710 Doc 1 Filed 05/27/25 Entered 05/27/25 15:49:31 Desc Main Document Page 57 of 71 Debtor 1 Kabreeya Rashay Abron Case number (if known). First Name Middle Name Last Name Description and value of property Describe any property or payments Date transfer was transferred received or debts paid in exchange made Person Who Received Transfer Street Number City State ZIP Code Person's relationship to you \_ 19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) **√** No Yes. Fill in the details. Description and value of the property transferred Date transfer was made Name of trust \_ List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. **✓** No Yes. Fill in the details. Last 4 digits of account number Last balance Type of account or Date account was instrument closed, sold, moved, or before closing or transferred transfer Name of Financial Institution XXXX-\_\_\_\_\_\_ ☐ Checking Savings Street Number ■ Money market Brokerage Other \_\_\_ State **ZIP Code** City 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? **☑** No

Yes. Fill in the details.

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itor i	Nabreeya		ıy			Case number	(II KIIOWII)
	First Name	Middle N	Name	Last Name			
			Who else	had access to	it?	Describe the contents	Do you still have it?
							□No
Name of Fina	ncial Institution		Name				Yes
Number S	Street		Number	Street			
			City	State	zIP Code		
City	State	ZIP Code					
•							
Have you	stored property	v in a storage	unit or plac	e other than vo	our home within	n 1 year before you filed for bankru	ntcv?
Mo No	stored property	y iii a storage	unit or pluo	e outer than ye	our monne within	Trycar before you med for build a	ploy.
	Sanda and a Calla						
Yes. Fill I	in the details.						
			Who else	has or had ac	cess to it?	Describe the contents	Do you still have it?
Name of Stora	age Facility		Name				□ No □ Yes
	-						163
Number S	Street		Number	Street			
				State	zIP Code		
			Citv				
			City	State			
City	State	ZIP Code	City	State			
City	State	ZIP Code	City	State			
	State atify Property				e Else		
irt 9: Iden	itify Property	y You Hold c	or Control	for Someone			
art 9: Iden	itify Property	y You Hold c	or Control	for Someone		perty you borrowed from, are storin	g for, or hold in trust for some
rt 9: Iden	itify Property	y You Hold c	or Control	for Someone		erty you borrowed from, are storin	g for, or hold in trust for some
Int 9: Iden  3. Do you ho	itify Property	y You Hold c	or Control	for Someone		erty you borrowed from, are storin	g for, or hold in trust for some
rt 9: Iden 3. Do you ho	ntify Property	y You Hold c	or Control at someone	for Someone		perty you borrowed from, are storing	g for, or hold in trust for some
Iden  Journal  No	ntify Property	y You Hold c	or Control at someone	for Someone			
Irt 9: Iden  3. Do you ho  ☑ No  ☐ Yes. Fill i	old or control are	y You Hold c	at someone Where is	for Someone e else owns? In the property?			
Iden  Journal  No	old or control are	y You Hold c	or Control at someone	for Someone			
Int 9: Iden  3. Do you ho  ☑ No  ☐ Yes. Fill i	old or control are in the details.	y You Hold c	at someone Where is	for Someone e else owns? In the property?			
Int 9: Iden  3. Do you ho  ☑ No  ☐ Yes. Fill i	old or control are	y You Hold c	or Control at someone Where is	for Someone e else owns? In the property?	nclude any prop		
Int 9: Iden  3. Do you ho  ☑ No  ☐ Yes. Fill i	old or control are in the details.	y You Hold c	at someone Where is	for Someone e else owns? In the property?	nclude any prop		
Int 9: Iden  3. Do you ho  ☑ No  ☐ Yes. Fill i	old or control are in the details.	y You Hold c	or Control at someone Where is	for Someone e else owns? In the property? Street	nclude any prop		

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Debtor 1 Kabreeya Rashay Abron Case number (if known) \_\_\_\_\_\_

Part 10: Give Details About Environmental Information

#### For the purpose of Part 10, the following definitions apply:

- Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

<b>√</b> No			
Yes. Fill in the details.			
	Governmental unit	Environmental law, if you know it	Date of notice
Name of site	Governmental unit		
Number Street	Number Street		
	City State ZIP Co	de	
City State ZIP Code	_		
. Have you notified any governmental	unit of any release of hazardou	s material?	
	Governmental unit	Environmental law, if you know it	Date of notice
Yes. Fill in the details.	Governmental unit	Environmental law, if you know it	Date of notice
Yes. Fill in the details.		Environmental law, if you know it	Date of notice
Yes. Fill in the details.	Governmental unit		Date of notice
✓ No  ☐ Yes. Fill in the details.  Name of site  Number Street  City State ZIP Code	Governmental unit  Number Street		Date of notice

Kabreeya First Name	Rash					
	N 41: al all -	Name	Abron  Last Name		Case number (if know	vn)
iistivaine	Middle	Court or a		Nature of the	case	Status of the case
		Court Name	<u> </u>	<del></del>		Pending
						On appeal
		Number	Street			Concluded
		City	State ZIP Code			
Details Abou	ut Your B	usiness or	r Connections to A	ny Business		
ırs before you f	iled for bar	nkruptcy, die	d you own a business	or have any of the fo	ollowing connections to any	business?
-				-		
				-	or part-time	
		лпрапу (LLC	,) or infilted liability part	mership (LLP)		
·						
icer, director, or	managing	executive of	f a corporation			
ner of at least 5	5% of the v	oting or equi	ity securities of a corpo	oration		
of the above app	plies. Go to	Part 12.				
k all that apply a	above and f	fill in the deta	ails below for each bus	siness.		
					Employer Identification nu	mber
erprise LLC		_			Do not include Social Security number or ITIN.	
		Hair sty	list		EIN:	
		-				
		Name of	accountant or bookke	eeper	Dates business existed	
eet		_			- 00/04/0004 -	
					From <u>02/24/2024</u> To _	
State 2	ZIP Code	-				
1 : Y	proprietor or some proprietor or some in a partner cer, director, or mer of at least 5 of the above apply a call that apply a carprise LLC	proprietor or self-employember of a limited liability conner in a partnership cer, director, or managing mer of at least 5% of the voltage above applies. Go to a all that apply above and the propriese LLC	City  Details About Your Business or rs before you filed for bankruptcy, did proprietor or self-employed in a trade on the rof a limited liability company (LLC) oner in a partnership over, director, or managing executive or oner of at least 5% of the voting or equipated of the above applies. Go to Part 12.  Call that apply above and fill in the detail of the above applies.  Described Hair sty  Name of the partnership or the second of the second o	City State ZIP Code  Details About Your Business or Connections to A  rs before you filed for bankruptcy, did you own a business proprietor or self-employed in a trade, profession, or other a mber of a limited liability company (LLC) or limited liability par mer in a partnership cer, director, or managing executive of a corporation mer of at least 5% of the voting or equity securities of a corpor of the above applies. Go to Part 12.  Call that apply above and fill in the details below for each buse profise LLC  Describe the nature of the buse  Part 12.  Name of accountant or bookk  Name of accountant or bookk	City State ZIP Code  Details About Your Business or Connections to Any Business  rs before you filed for bankruptcy, did you own a business or have any of the for proprietor or self-employed in a trade, profession, or other activity, either full-time of a limited liability company (LLC) or limited liability partnership (LLP) oner in a partnership ocer, director, or managing executive of a corporation of the above applies. Go to Part 12.  It all that apply above and fill in the details below for each business.  Describe the nature of the business  Hair stylist  Name of accountant or bookkeeper	City State ZIP Code  Details About Your Business or Connections to Any Business  rs before you filed for bankruptcy, did you own a business or have any of the following connections to any proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time other of a limited liability company (LLC) or limited liability partnership (LLP)  ner in a partnership cer, director, or managing executive of a corporation of the above applies. Go to Part 12.  all that apply above and fill in the details below for each business.  Describe the nature of the business  Employer Identification nu Do not include Social Section  Hair stylist  EIN:

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_		
De	htor	1

Debtor 1	Kabreeya	Rashay	Abron	 Case number (if known)
	First Name	Middle Name	Last Name	 ,

Part 12: Sign Below	
I have read the answers on this <i>Statement of Financial Affairs</i> and any attachments, and correct. I understand that making a false statement, concealing property, or obtabankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years.	nining money or property by fraud in connection with a
Signature of Kabreeya Rashay Abron, Debtor 1  Date 05/27/2025	
Did you attach additional pages to your <i>Statement of Financial Affairs for Individuals</i> ✓ No  ☐ Yes	s Filing for Bankruptcy (Official Form 107)?
Did you pay or agree to pay someone who is not an attorney to help you fill out bank	cruptcy forms?
√No	Attach the Bankruptcy Petition Preparer's Notice,
Yes. Name of person	Declaration, and Signature (Official Form 119).

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Fill in this information	n to identify your case	:		
Debtor 1	Kabreeya	Rashay	Abron	
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States Bank	ruptcy Court for the:		District of Minnesota	
Case number (if known)				

#### Official Form 108

### Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims					
For any credito below.	rs that you listed in Part 1 of Schedule D: Cr	editors Who Have Claims Secured by Property (Of	ficial Form 106D), fill in the information		
Identify the cre	editor and the property that is collateral	What do you intend to do with the property the a debt?	at secures Did you claim the property as exempt on Schedule C?		
Creditor's name:	BEST AUTO SOURCE & REPAIR LLC	<ul><li>Surrender the property.</li><li>Retain the property and redeem it.</li></ul>	☐ No ☑ Yes		
Description of property securing debt:	2013 Chrysler 200 Series: LIMITED	<ul> <li>□ Retain the property and enter into a Reaffirmation Agreement.</li> <li>☑ Retain the property and [explain]: continue making payments</li> </ul>	_ ''		

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	will the lease be assumed?  Will the lease be assumed?  No Yes  No Yes
rpired leases are leases that are still in effect not assume it. 11 U.S.C. § 365(p)(2).	Will the lease be assumed?  No Yes  No Yes  No Yes
sing	□ No □ Yes
	☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes
	No   Yes   No   Yes   No   Yes   No   Yes   Ye
	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes
	□ No □ Yes □ No □ Yes
	☐ Yes ☐ No ☐ Yes
	☐ No☐ Yes
	☐ Yes
	☐ No
	☐ Yes
	☐ No
	☐ Yes
	☐ No
	☐ Yes
	ed my intention about any property of my

Signature of Debtor 1

Date 05/27/2025 MM/ DD/ YYYY

Fill	in this information	to identify your case:					2//	Check one bo Form 122A-15	x only as directed in th	is form and in
D	ebtor 1	Kabreeya	Rashay	Abron						
		First Name	Middle Name	Last Name			٠	1. There is	no presumption of abu	ise.
	ebtor 2 pouse, if filing)	First Name	Middle Name	Last Name			.	of abuse a	culation to determine if	der Chapter 7
•	-								st Calculation (Official F	,
U	nited States Bankru	uptcy Court for the:		District of Min	nnesota		-		ans Test does not apply I military service but it o	
_	ase number known)							Check if th	nis is an amended filing	,
Of	ficial Form	122A-1								
Cł	napter 7 S	Statement	of Your	Curren <sup>-</sup>	t Mont	:hly l	nco	me		12/19
attac and beca with	ch a separate shee case number (if kr ause of qualifying i this form.	et to this form. Includ nown). If you believe	e the line numbe that you are exer plete and file <i>Sta</i>	r to which the a npted from a p	additional inf resumption	formation of abuse	applies becaus	s. On the top of e you do not ha	ing accurate. If more s any additional pages, ave primarily consume 707(b)(2) (Official Forn	write your name r debts or
1.	What is your mar	ital and filing status?	? Check one only.							
	Not married. F	ill out Column A, line	s 2-11.							
	_	our spouse is filing v	•			2-11.				
		our spouse is NOT fi								
		he same household	_	-						
	under per	parately or are legally nalty of perjury that yor re living apart for rea	ou and your spou	se are legally se	eparated und	ler nonbai	inkruptc	y law that applie	g this box, you declare es or that you and your (7(b)(7)(B).	
10 va ex	01(10A). For examparied during the 6 m	ole, if you are filing or nonths, add the incon	n September 15, the for all 6 months	ne 6-month per and divide the	iod would be total by 6. F	March 1 ill in the re	through esult. Do	August 31. If the not include an	le this bankruptcy cas ne amount of your mont y income amount more re nothing to report for	thly income than once. For
								umn A tor 1	Column B Debtor 2 or non-filing spouse	
2.	Your gross wages deductions).	s, salary, tips, bonus	es, overtime, and	commissions	(before all pa	ayroll		\$0.00		
3.	Alimony and main is filled in.	ntenance payments.	Do not include pa	syments from a	spouse if Co	olumn B		\$0.00		
4.	your dependents, unmarried partner roommates. Include	any source which a , including child sup r, members of your ho de regular contributio ents you listed on line	<b>port.</b> Include regu ousehold, your de ns from a spouse	lar contribution pendents, pare	s from an nts, and			<b>\$0.00</b>		
5.	Net income from or farm	operating a busines	s, profession,	Debtor 1	Debtor 2					
	Gross receipts (be	efore all deductions)		\$1,400.00						
	Ordinary and nece	essary operating exp	enses	- \$0.00						
	Net monthly incon	ne from a business, p	profession, or farm	\$1,400.00		Copy here →		\$1,400.00		
6.	Net income from	rental and other real	property	Dobtor 4	Debtor 2					
٠.		efore all deductions)	p. opc. sy	Debtor 1 \$0.00	Deptor 2					
	. ,	essary operating exp	enses	- \$0.00						
	and noot					Сору				
	Net monthly incom	me from rental or othe	er real property	\$0.00		here		<b>¢</b> በ በበ		
						$\rightarrow$		\$0.00		
7.	Interest, dividend	ls, and royalties						\$0.00		

Debtor 1

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Column A Column B Debtor 1 Debtor 2 or non-filing spouse

			Debtor 1	Debtor 2 or non-filing spouse	
	8. Unemployment compensation		\$0.00		•
	Do not enter the amount if you contend that the under	amount received was a benefit			
	the Social Security Act. Instead, list it here:				
	For you	\$0.00			
	For your spouse	<u> </u>			
	9. Pension or retirement income. Do not include a benefit under the Social Security Act. Also, exceed not include any compensation, pension, pay, United States Government in connection with a disability, or death of a member of the uniformed retired pay paid under chapter 61 of title 10, then that it does not exceed the amount of retired pay entitled if retired under any provision of title 10 or content.	ept as stated in the next sentence, annuity, or allowance paid by the disability, combat-related injury or diservices. If you received any in include that pay only to the extent by to which you would otherwise be	\$0.00		
	10. Income from all other sources not listed above Do not include any benefits received under the received as a victim of a war crime, a crime aga domestic terrorism; or compensation, pension, the United States Government in connection we injury or disability, or death of a member of the list other sources on a separate page and put ti	Social Security Act; payments ainst humanity, or international or pay, annuity, or allowance paid by ith a disability, combat-related uniformed services. If necessary,			
	Family Support		\$1,200.00		
	Total amounts from separate pages, if any.				
	Calculate your total current monthly income.     each column. Then add the total for Column A		\$2,600.00	+	= \$2,600.00  Total current
Pa	rt 2: Determine Whether the Means Test A	pplies to You			monthly income
12.	Calculate your current monthly income for the year.	Follow these steps:			
	12a. Copy your total current monthly income from lin	ne 11		Copy line 11 here →	\$2,600.00
	Multiply by 12 (the number of months in a year)	).		L	x 12
	12b. The result is your annual income for this part of			[	
	125. The result is your armaar meeting for the part of			12b.	\$31,200.00
3.	Calculate the median family income that applies to	you. Follow these steps:			
	Fill in the state in which you live.	Minnesota			
	Fill in the number of people in your household.	2			
	Fill in the median family income for your state and siz To find a list of applicable median income amounts, g instructions for this form. This list may also be availab	o online using the link specified in the		13. [	\$94,966.00
4.	How do the lines compare?				
	14a. Line 12b is less than or equal to line 13. On the Go to Part 3. Do NOT fill out or file Official Fo	he top of page 1, check box 1, <i>There i</i>	is no presumption of ab	use.	
	14b. Line 12b is more than line 13. On the top of p Go to Part 3 and fill out Form 122A–2.	page 1, check box 2, The presumption	of abuse is determined	l by Form 122A-2.	

Debtor 1

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Middle Name

Part 3: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X s/ Kabreeya Rashay Abron

Signature of Debtor 1

Date 05/27/2025

MM/ DD/ YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

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# IN THE UNITED STATES BANKRUPTCY COURT DISTRICT OF MINNESOTA MINNEAPOLIS DIVISION

IN RE: Abron, Kabreeya Rashay

CASE NO

CHAPTER 7

#### **VERIFICATION OF CREDITOR MATRIX**

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.
--

Date 05/27/2025 Signature s/ Kabreeya Rashay Abron
Kabreeya Rashay Abron, Debtor

BEST AUTO SOURCE & REPAIR LLC 5301 DOUGLAS DR N MINNEAPOLIS, MN 55429

CAPITAL ONE PO BOX 31293 SALT LAKE CITY, UT 84131

CBNA PO BOX 6497 SIOUX FALLS, SD 57117-6497

CHRIS MCKINNIS 195 5TH ST E 1001 SAINT PAUL, MN 55101

LENDI NGPOI NT, LLC ATTN: MEMBER SERVICES 1201 ROBERTS BLVD NW STE 200 KENNESAW, GA 30144-3612

RIVERTON COMMUNITY HOUSING 425 13TH AVE SE MINNEAPOLIS, MN 55414-2065

SELF FINANCIAL/LEAD BANK 1801 MAIN ST KANSAS CITY, MO 64108-2352

SST 4185 HARRISON BLVD OGDEN, UT 84403-2475

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UNITED STATES TRUSTEE 300 S 4TH ST STE 1015 MINNEAPOLIS, MN 55415-2247

WALKER & WALKER LAW OFFICE 4356 NICOLLET AVE MINNEAPOLIS, MN 55409-2033

WESTLAKE FINANCIAL SERVICES P.O. BOX 54807 LOS ANGELES, CA 90054 Case 25-41710 Doc 1 Filed 05/27/25 Entered 05/27/25 15:49:31 Desc Main Document Page 70 of 71

LOCAL FORM 1007-1 REVISED 06/16

## UNITED STATES BANKRUPTCY COURT DISTRICT OF MINNESOTA

In re:	Abron, Kabreeya Rashay	Case No.
	Debtor(s).	
	DISCLOSURE (	OF COMPENSATION OF ATTORNEY FOR DEBTOR
	compensation paid to me within one year be	ankr. P. 2016(b), I certify that I am the attorney for the above-named debtor(s) and that after the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered ocontemplation of or in connection with the bankruptcy case is as follows:
	For legal services, I have agreed to accep	t: <b>\$2,300.00</b>
	Prior to the filing of this statement I have re	eceived: \$0.00
	Balance Due	\$2,300.00
2.	The source of the compensation paid to me	was:
	✓ Debtor	Other (specify)
3.	The source of the compensation to be paid t	o me is:
	☐ Debtor	Other (specify)  Chris Mckinnis 195 5th St E #1001Cray Plaza, St Paul, MN 55101. The attorney has advised the debtor that the outstanding fee is discharged.  The guarantor or the debtor may make voluntary payments for the attorneys fees.
4.	I have not agreed to share the above-di law firm.	sclosed compensation with any other person unless they are members and associates of my
	_	sed compensation with another person or persons who are not members or associates of my ther with a list of the names of the people or entities sharing in the compensation, is attached.
		er with such further fee, if any, as is provided in the written contract required by 11 U.S.C. rvice for all aspects of the bankruptcy case, including:
	A. Analysis of the debtor's financial situa	ation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy
	B. Preparation and filing of any petition,	schedules, statements of affairs and plan which may be required;
	C. Representation of the debtor at the n	neeting of creditors and confirmation hearing, and any adjourned hearings thereof;
	D. Representation of the debtor in conte	ested bankruptcy matters; and
	E. Other services reasonably necessary	to represent the debtor(s).

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LOCAL FORM 1007-1 REVISED 06/16

6. Pursuant to Local Rules 1007-1 and 1007-3-1, I have advised the debtor of the requirements in the Statement of Financial Affairs to disclose all payments made, or property transferred, by or on behalf of the debtor to any person, including attorneys, for consultation concerning debt consolidation or reorganization, relief under bankruptcy law, or preparation of a petition in bankruptcy. I have reviewed the debtor's disclosures and they are accurate and complete to the best of my knowledge.

#### **CERTIFICATION**

I certify that the foregoing, together with the written contract required by 11 U.S.C. §528(a)(1), is a complete statement of any agi	eement
or arrangement for payment to me for representation of the debtor(s) in this bankruptcy case.	

Date:	05/27/2025	s/ Andrew Walker
		Signature of Attorney